PTO/SB/32 (11-08)

Approved for use through 12/31/2008. OMB 0651-0031

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<u>\</u> \&/	Docket Number (Optional)								
REQUEST FOR ORAL HEARING BEFORE									
THE BOARD OF PATENT APPEALS AND INTERI	FERENCES	16644/09005							
			, , , , , , , , , , , , , , , , , , , ,						
I hereby certify that this correspondence is being deposited									
with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for	<u> </u>	Falder e	t al.						
Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR	Application Number		Filed	/					
1.8(a)] on <u>December 10, 2008</u>	10/039,6	10/039,677 01/04/2002							
Signature (Nebra Dum-Prouse	For ANTI-MICROBIAL COMPOSITION								
Typed or printed Dobys Dunn Brown	Art Unit	E	Examiner /						
name Debra Dunn-Brown	1616	<u> </u>	Alton N.	Pryor					
Applicant hereby requests an oral hearing before the Board of Paten	t Appeals and Interfer	ences in the appe	eal of the above-io	dentified					
application.									
			3 000	00					
The fee for this Request for Oral Hearing is (37 CFR 41.20(b)(3))			\$ <u>1,080.</u>	00					
Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is:									
lm ´ ˈ			Ψ						
X A check in the amount of the fee is enclosed.									
Payment by credit card. Form PTO-2038 is attached.									
The Director has already been authorized to charge fees in thi	is application to a Dep	osit Account.	•						
I have enclosed a duplicate copy of this sheet.									
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment									
to Deposit Account No.									
A petition for an extension of time under 37 CFR 1.136(b) (PT									
For extensions of time in reexamination proceedings, see 37 (JFR 1.550.								
WARNING: Information on this form may become public. be included on this form. Provide credit card information									
be included on this form. Provide credit card information	and authorization or	1 P1O-2038.							
I am the	. 4 . 5		۸ . ۵	_					
applicant/inventor.	The	eliele !	lidigh	etti					
assignee of record of the entire interest.			Signature (
See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclose (Form PTO/SB/96)	ed. <u>Nic</u>	chole T. A	ndrighetti d or printed name						
		, ypec	2 or printed riallie						
attorney or agent of record. Registration number									
			Date						

This collection of information is required by 37 CFR 41.20(b)(3). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11, 1.14 and 41.6. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.

(864) 250-2292

Telephone number

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

*Total of

attorney or agent acting under 37 CFR 1.34.

Registration number if acting under 37 CFR 1.34.

Submit multiple forms if more than one signature is required, see below*.

forms are submitted.

Date December 10, 2008

PTO/SB/17 (10-08)
Approved for use through 06/30/2010. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

FEE TRANSMITTAL		Filing Date	(01/04/2002							
For FY 2009		First Named Inve	entor F	FALDER, et al.							
			Examiner Name	/	Alton N. Pryor						
Applicant claims small e	entity status	s. See 37 CFR 1.3	27	Art Unit	1	1616					
TOTAL AMOUNT OF PAYN	IENT (\$) 1,080.00	0	Attorney Docket	No.	16644/090	05				
METHOD OF PAYMENT	(check al	I that apply)									
Check Credit Card Money Order None Other (please identify):											
Deposit Account De		•		Deposit Acc	count Nar	me: Nelso	n Mullins	s			
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)											
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee											
Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments											
under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card											
information and authorization on PTO-2038.											
FEE CALCULATION							<u>.</u>	<u> </u>			
1. BASIC FILING, SEAR	CH, AND FILING			CH FEES	EYAM	IINATION	FEES				
		Small Entity		Small Entity		Small E	ntity	Essa Daid	1 (A)		
Application Type	Fee (\$)	Fee (\$)	Fee (\$		Fee (Fees Paid	(\$)		
Utility	330	165	540	270	220						
Design	220	110	100	50	140						
Plant	220	110	330	165	170						
Reissue	330	165	540	270	650	325					
Provisional	220	110	0	0	0	0					
2. EXCESS CLAIM FEE Fee Description	S					Fe	e (\$)	Small Entity Fee (\$)			
Each claim over 20 (in	ncluding F	Reissues)					52	26			
Each independent claim over 3 (including Reissues)					2	20	110				
Multiple dependent claims 390					90	195					
Total Claims	Extra Clai		<u>Fee</u>	Paid (\$)		-	•	endent Claim	_		
20 or HP = HP = highest number of total	claims naid f	or if greater than 20	_ =	 		<u>Fe</u>	e (\$)	Fee Paid	<u>\$)</u>		
	Extra Clai	ms Fee (\$)		Paid (\$)							
HP = highest number of indep	endent claim	x s paid for, if greater	= than 3.								
3. APPLICATION SIZE F	EE				_						
If the specification and											
listings under 37 CF						small ent	ity) for e	ach addition	ai 50		
sheets or fraction the <u>Total Sheets</u> - 100 =	Extra She	ets	er of eac	and 37 CFR 1.10 h additional 50 o (round up to a w	r fractio		Fee (\$	<u>Fee P</u>	aid (\$)		
								Paid (\$)			
Other (e.g., late filing surcharge): Request for Oral Hearing						1.0	80.00				
SUBMITTED BY Project P											
Signature Registration No. (Attorney/Agent) 56,508 Telephone (864)							(864) 250-22	92			

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Name (Print/Type) Nichole T. Andrighetti